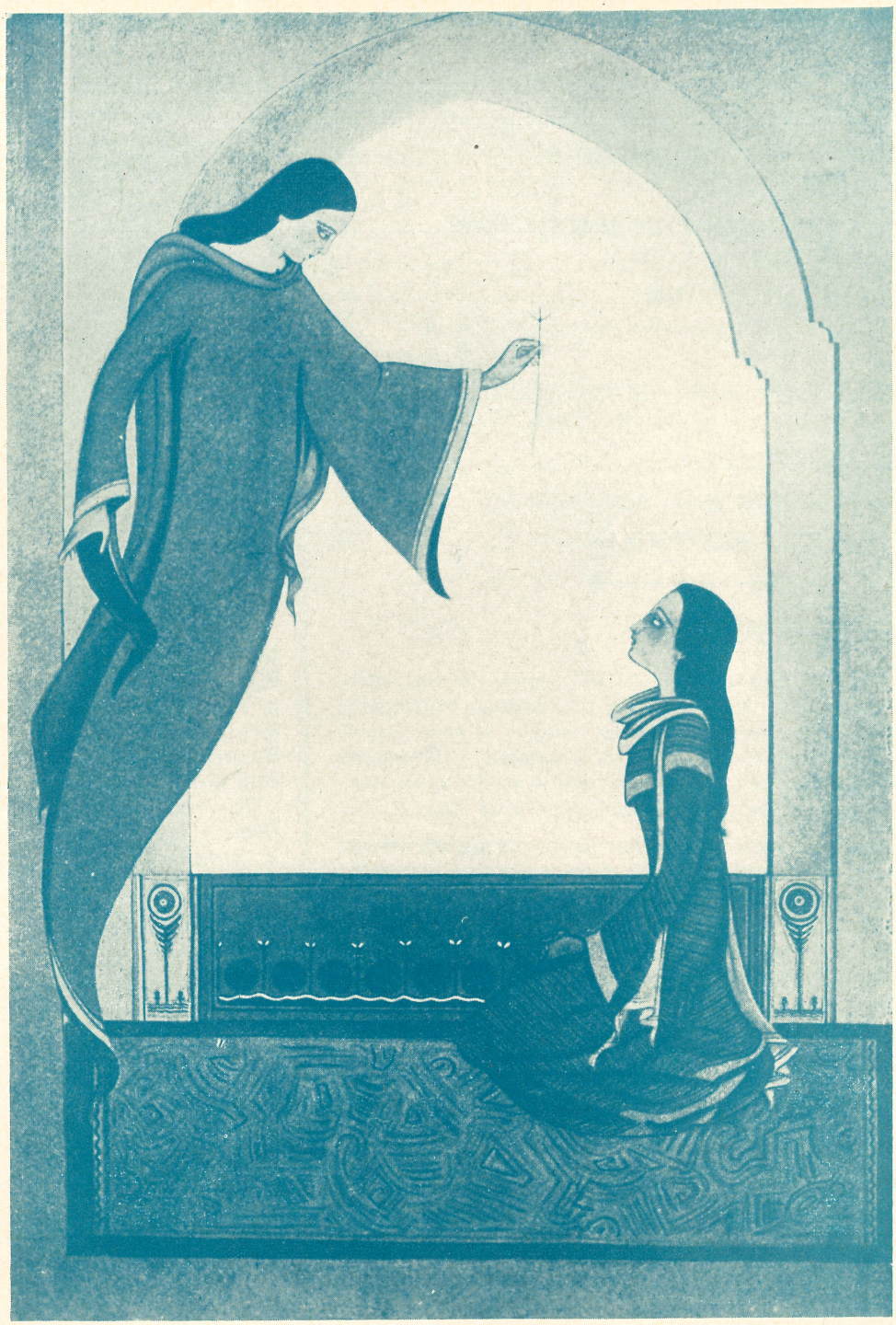

Angelo Fonseca

THE ANNUNCIATION

THE MEDICAL MISSIONARY

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ACROSS THE PAGES . . .

"SOME INDIAN COLLEGE WOMEN" presents several interesting and informative side-lights on the position of Catholic college education for women in India today. Mother Keyes, R.S.C.J. has spent some time in India as a member of the faculty of Sophia College, Bombay. At present she is stationed at Manhattanville College of the Sacred Heart, New York City.

"THE ISLANDS OF THE SOUTH SEAS, STILL BEARING THE BURDEN OF SUPERSTITION AND ANCIENT TABOOS, OFFER A CHALLENGING OPPORTUNITY FOR THE CATHOLIC MEDICAL MISSION APOSTOLATE." The where and how of the opportunity are told by Sister M. Francis in "HEALTH PATTERN IN THE SOUTH SEAS."

"PRECIOUS IN THE SIGHT OF THE LORD . . . "pays tribute to an Indian Jesuit lay brother, who died recently at Holy Family Hospital in Patna.

OUR COVER for this month is a reproduction of "The Annunciation" by Angelo da Fonseca, a contemporary Catholic artist of India.

YOUR WILL . . . . .

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

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Holy Family Hospital, Rawalpindi, India
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How Shall They Be Healed?

A recent statement by Pope Pius XII to the delegates and members of the Christian Association of Italian Workers, holds that socialization is permissible when it is "the only means really effective to repair abuse or avoid waste of the productive forces of the country and to assure the organic ordering of these same forces and to direct them to the benefit of the economic interests of the country, to the end that the national economy in its regular and pacific development may open the way to the material prosperity of all the people—the prosperity that constitutes at the same time the sound foundation also for cultural and religious life."

The Holy Father was speaking here to Italian workers and with reference to the economic situation. It may not be amiss, however, to draw a parallel and apply the Pope's words to another situation—one so intimately linked with that "material prosperity of the people—that constitutes at the same time the sound foundation also for cultural and religious life." We mean the health of nations and peoples—of the world at large.

"TO REPAIR ABUSE OR AVOID WASTE"

Socialization is permissible when it is "the only means really effective to repair abuse or avoid waste . . . " These words, applied to health conditions, call for some straight thinking and an honest examination of facts.

Let us take our own United States as an example. Just about one year ago a prominent medical authority of this country made the optimistic statement that the United States enjoys "the best health record of any nation on earth." This bit of hyperbole has a pleasant sound. On the surface, and for those who are within easy reach, both geographically and financially, of the specialist and the hospital, they make for comfort and ring true. But if you are a farmer of the South, or a share-cropper in Arkansas, or one of the four million migrants who traverse the nation from the potato fields of Maine to the fruit orchards of California, they carry quite another tune.

We do not wish to be burdened with statistics. Libraries and research committees will take care of that. Suffice it to point to but one instance regarding the distribution of medical facilities. In relation to the number of persons to be served, South Carolina has only one-third as many physicians as California. Over a thousand counties in the United States have no hospitals for general community use. An abundance of medical aid in one community does not help those without it in another. And so it is not really so surprising after all, that despite our top-ranking health record, the poor and those of medium incomes receive only about one-half the medical care they need.

THE PICTURE ON THE OTHER SIDE OF THE WORLD

Such is the case in the United States, with nearly 7,000 hospitals, 8,000 clinics and out-patient departments, and a network of state, county and municipal health agencies. What, then, must be the picture on the other—the poorer—side of the world?

Altogether India (population of four hundred millions) has only 6,500 dispensaries and hospitals with a total bed capacity of 80,000, or one bed for every 5,000 persons. Two-thirds of the 42,000 doctors are not even fully qualified. Public health nursing on an organized basis is still unknown. And we shall say nothing about India's one million lepers, nor about the epidemics of cholera, small-pox and plague, nor of the three million babies who die each year below the age of three.

India is but one country of the Orient. There is also China—China with 12,000 doctors and 38,000 hospital beds for four hundred and fifty million people; with eighty-four percent of the population practically without medical aid because most of the existing hospitals and medical facilities are concentrated along the coast and in the large cities.

India, China—we made add also the rest of Asia, Africa, the greater part of South and Central America —and now the striken peoples of Europe, virtually a whole world. Yes, a dark world of want and misery, of suffering and destitution, contrasting strangely, pitifully, with the enlightened world of science and so-called material prosperity and progress.

ARE WE UP TO IT?

What are we to conclude in view of the facts and the words—"the only means really effective to repair abuse"? Have other measures succeeded so well? Has the responsibility, that responsibility which was left to individuals, really been borne by them?

More than anything else, the decisions we shall have to make in the face of world-wide needs and the means for meeting them, call for heroism. Not the heroism of blood and iron, nor that of honor and

personal loyalties. We have seen much of these especially the past few years.

But the heroism of tomorrow, or rather, of the present hour of decision, is the deeper heroism required of the Christian citizen, who is conscious of the task before him, to strive towards the realization of a Christian ideal in our social and economic structures. It is the courage of the Christian for whom the words of the Gospel are living truths that must leaven the whole of life, that must penetrate our secular and social life and endeavor to transform it. It is a heroism that loves—and because it loves, suffers and endures unto the end, until the day when there shall be no more hated and oppressed peoples, no more castes. It is the heroism of Christ Himself, that has its source in the heart of a God who was scourged and spat upon—and crucified outside the gate.

The miseries, the wants, the oppressions we face today are wounds—gaping wounds on the Body of Christ. More—they are the reflection of the wounds, of the emptiness of our own hearts, of the void left in the heart of mankind when it forgot the reality of the Mystical Body.

How shall they be healed? By the perilous adjustments, the dangerous half-truths of the Hammer and Sickle, which in the end will only dig wounds deeper than ever before?

Or shall they be healed by living Christianity, by the heroism of love and suffering, of Christ Himself?

Are we up to it?

Some Indian College Women

by

Louise. Keyes, R.S.C.J.

"What, make they a being to be the offspring of God who is brought up among trinkets and is ever contentious without reason?" This is the word of Allah disowning daughters (Qu'ran XLIII, 18) to which we might venture in reply: "Verily, O Muhammad, it is not without reason that they are ever contentious, for it is sufficient reason for their contentiousness that they have been brought up among trinkets."

The narrow quarters of the zenana are hardly conducive to serenity of disposition. The women of Islam have long been denied education; their world has been small and cramping; and yet, despite all this, their influence has always been great. Even the purdah cannot stifle the inspiration of woman nor completely extinguish her light. Many a time I have heard students say: "My mother is not an educated lady, but she is very wise." Yet they feel that they are enjoying advantages that their mothers never had, and that the woman of the future is to be a wonderful being, although it would take a Christian to appreciate the full extent of her wonder, destined in very truth to be a daughter of Allah.

The more conservative Muslims however, still fear European education for their daughters. I have known heart-breaking cases where intelligent girls have been obliged to give up their studies, and one amusing instance in the ending of a note of recommendation written by the Sister Superior of a Convent School for one of her protegées: "Although Europeanized, Sakry is very modest."

The Muslims were not the only people in India to frown on the higher education of women. It is not very long ago that a well-known Brahmim was made an outcaste because he had taught some of the sacred slokas to his daughter. This conservatism is rapidly on the wane. Among the Hindus now there is an ultra-progressive party that is opposed to women's colleges, not because it would deny higher education to women, but because it would insist on co-education for them. When the Religious of the Sacred Heart sought to gain the admission of Sophia College as the woman's college of the University of Bombay, they had to contend with this group that accused them of a retrogressive policy and of striving to put the women of India back into purdah. The affiliation however was obtained. This spring Sophia College will have its first set of B.As.

In the college Hindus and Muslims mingle amicably. Higher education puts down anything remotely resembling a Hindu- Muslim riot, and I believe that the solution of the problem of the unification of India lies in this

direction. In Bombay, the city of the Parsees, Parsees are naturally in evidence. They are among the most enterprising of the student body. In sports, debates, dramatic representations, and all college activities, they, together with the Indian Christians, take the most prominent part. They are proud of their enterprise and of their cleanliness which they call "purity". One of them said to me: "Every religion has its virtue. Christians have charity, Parsees, purity," a boast which I did not fail to recall to her memory on Saturday mornings when we had room inspection.

"Are Indian students very different from Americans?" is a question I have often been asked. The answer is "Yes" and "No" and again another "Yes". The first 'Yes" is superficial skin-deep, clothing-deep. They are dark-skinned, dark-eyed, and beautiful. Before I left I had got ready, with the Dramatic Association, Shakespeare's **Winter's Tale,** but I had to go away without seeing it. Those nice students (Who says that Oriental women are not enterprising?) had a coloured movie taken of the performance, and sent it half way round the world to me. What a joy it was to see their dear faces again, living and moving! I have shown the picture several times, and at the end I am always asked: "Are they all really as beautiful as that?" and glowing with pride I answer: "Yes, every bit as beautiful as that!"

As you walk down the corridors of Sophia College you feel as though you were living in a perpetual masquerade. There is of course a generous sprinkling of European frocks worn by the practical and athletic minded, but one sees many more graceful saris worn either in the Marathi or the Parsee style, as well as the pyjamas and orhni of the Punjab and here and there the Chinese gown of a Singapore refugee. The apparel does not wholly proclaim the man, for beneath all this variety the student mentality is the same dear old student mentality that we all know. They study the same texts, write the same sort of essays, and alas, cram for examinations more or less as American students do. They are interested in athletics, dramatics, debating, social questions, the future of India, their own "emancipation", the literacy movement, and whatever is in the air. They respond to idealistic appeals. They seem a little less sophisticated than our students, less ashamed of showing their true feelings; may God keep them ever so! They are perhaps somewhat loath to submit to one another in Student Government, like the Irish, all sprung from kings; but they learn quickly and they are most loyal in friendship. God love them!

Beneath the variety of apparel the student mentality is still the same. These young women are Hindus.

The last and deepest difference is found in the matter of religion. One looks at half of them and thinks: "You have never received Holy Communion. You go many times a day past the open doors of the chapel with Our Lord looking out at you and loving you, and you don't know He is there. And as for us, we can do nothing about it, not directly at any rate."

Two of the students became Catholics. The first one, independently of us so as not to get us into trouble, made arrangements with the Archbishop for her baptism on her eighteenth birthday, the first moment of her legal freedom, and withstood all the pressure that was brought to bear on her by her family and the Zoroastrian priests. The second suffered real persecution for the

faith, imprisoned by her people for a year before she was able to get away and receive baptism. Both have shown unusual courage and constancy, the same sort of courage that was shown by the little Roman girls in the early centuries of Christianity. There are in India some college women with the courage of their convictions, and Catholic India looks to them for its future.

At present the hands of the nuns at Sophia College are pretty well tied. The two conversions roused an uproar in the Indian newspapers. The University Senate passed an act of disaffiliation which failed to go in effect only because the British government refused to give its ratification. However that Christian government proclaimed its disapproval of "proselytizing" which it trusts will not recur. As a consequence no priest dares give baptism to a student who asks for it, for fear of closing the college. There is matter for prayer.

Whether or not the missionary work of the Society of the Sacred Heart is curtailed in India there still remains its great world-wide work of the higher education of Catholic women. The College is now fifty percent Catholic. The work of training Catholic leaders is as important in India as it is in any other country, and the material on which we have to work there is by no means inferior.

Health Pattern in the South Seas

by

Sister M. Francis, S.C.M.M.,

Not so long ago the South Sea Islands were to most of us just a vague place where life was lived lazily and happily to the sound of plaintive music, the rustle of grass skirts and the boom of the pounding surf on dazzling sandy shores. The tales of hostile natives who had the custom of roasting and eating human flesh, "the food of the gods," only added to the fascination the isles possessed for those who had never seen them.

The present war in the South Pacific has taken this chain of islands out of the realm of idle fancy into that of reality. Cannibalism, except for rare instances, is no longer found there. Instead, machine guns chatter angrily among the cocoanut trees and men die by the hundreds on some little almost unknown bit of sand and rock.

The islands of the South Pacific have long been of strategic importance to the various colonial powers and of value to the navy and merchant marine as harbors and coaling stations and lately as stopover ports for trans-Pacific airplane travel. Today they assume an even more powerful role in the present war against Japan.

The name, South Sea Islands, is ordinarily used to designate those isles dotting the Pacific east of Australia and south of the Equator. They form groups depending upon their location and the racial stock of their inhabitants. Extending in a crescent shape from New Guinea, which is just north of Australia, to the large island of New Zealand is the chain of islands known as Melanesia, or "islands of the blacks" after the inhabitants who possess negroid features.

To the north of Melanesia lies Micronesia (tiny islands). Here the people are light complexioned and have slanting eyes betraying a Malay strain. The Pacific war has made the names of the "tiny islands" familiar—the Marianas among which is the United States possession of Guam, the Carolines, the Marshalls, Nauru, Ocean, Palaus and the Gilbert Islands. The remaining group, lying more in the center of the Pacific, is called Polynesia, or many islands, and it is chiefly on their beauty and their handsome brown-skinned people that the South Sea romancers dwell. The lovely Samoan Islands, sometimes called the Navigator Islands because of the skill of their native fishermen, beautiful Tahite, one of the Society Islands, mysterious Easter Island with its puzzling prehistoric monuments, the Cook Islands and New Zealand are in this division.

Politically, the islands belong to eight different governments: Great Britain, Australia, New Zealand, France, Holland, United States, Chile and Japan.

These bits of land dotting the Southern Pacific furnish many problems to their respective colonial governments. Not the least of them is health, whether it be that of the brown-skinned people of Samoa or the black bushy-haired Fijian. Intimately connected with the preservation of health are the water and food supplies, sanitary arrangements and the control of epidemics.

STATE MEDICINE—A SOURCE OF MEDICAL AID

The cure and prevention of disease on the islands is the responsibility of the colonial governments. State medicine, although admittedly generally inadequate, is the souce of medical aid where it exists. With the exception of Easter Island, some sort of public

health system is found in all the groups. On Easter Island, however, the entire population is without any medical care—governmental, religious or private. Fortunately the natives there are said to enjoy good health and to be free from serious epidemic and endemic diseases. Even the small leper colony is without any medical help for its inmates.

There are all gradations in the medical situation as it exists in Oceania. The group of two hundred and fifty islands known as the Fijis has the best medical organization in the South Pacific. Although a crown colony of Great Britain, the Islands possess a large measure of self-administration and the Fijian Government spends twelve percent of its revenue in the care, cure and prevention of disease.

In Western Samoa, which belongs to New Zealand, a more direct form of socialized medicine has been established and since 1923 the annual tax of one pound, paid by all adult males, entitles the Samoans to free medical attention. On the seven American islands comprising Samoa, health measures are under the Navy Department and the Senior Medical Officer at the Naval station at Pago-Pago is in charge of all health matters.

NATIVE MEDICAL PRACTITIONERS

The native medical practioners found in Fiji, Samoa and the Solomons are graduates of the Central Medical School at Suva, Fiji. Seven island administrations —American Samoa, New Zealand Samoa, Tonga, Fiji, the Solomons, Cook and one of the French Islands—send students and help to support the medical school. A four-year course of training is provided for those who are especially qualified. The studies are thorough, with emphasis placed on operative surgery, public health and preventive medicine. Thus the graduates are able to cope with ordinary surgical emergencies and to deal with the more common epidemics as well as to treat yaws, hookworm and ringworm. Upon the completion of the course the degree of Native Medical Practitioner is awarded. Ordinarily the graduates return to their native villages where they work for the government. The auxiliary hospitals and the chains of dispensaries which usually form a part of the public health system on the islands, are most often placed in their charge.

As for the nursing situation—some of the island governments have European nurses working in their territories. More and more frequently, however, native nurses are being trained to work among their own people. The training school in Suva, Fiji is well known, as also that of Samoan Hospital in American Samoa.

DISEASE PROBLEMS

Leprosy occurs to a greater or lesser extent on all the islands. Samoa has a low incidence of the disease, although it does exist. The Central Leper Hospital, established on Makogai, one of the Fiji Islands, in 1911, is in charge of the Marist Sisters and is the main Leper Colony for the British possessions in the South Seas. Malaita and Fuabu in the Solomons also have leper colonies but confinement here is not compulsory.

Of all the disease problems throughout the South Sea Islands, yaws is the most serious. It has been endemic on Samoa for several hundred years and affects most of the children at an early age. The same is true in the Cook Islands where only on Rarotonga, the main island, is the disease under control. On some of the other islands from fifty to seventy percent of the people are infected. Periodic campaigns against the disease have resulted in a large measure of control, especially on all the larger islands. Of course, the success of the anti-yaws campaigns varies considerably because of the lack of personnel in many of the districts.

Hookworm, formerly so severe on the Fiji Islands is now fairly under control, due in large measure to the efforts of the Rockefeller Foundation. The problem of the control of hookworm is intimately related with sanitary conditions. To enforce the minimum in sanitation is not easy. The native way of doing things is just not our way. In many areas soil pollution is the chief cause of the prevalence of the various intestinal diseases such as typhoid fever and the dysenteries, as well as hookworm. Nineteen of the seventy villages on American Samoa have latrines, but observers report that there is "abundant evidence" that they are not used. The use of the beach, as is the custom on many islands, is particularly to be deplored in the case of the Samoans who have the habit of seasoning their food with sea water as well as that of drinking cocoanut milk with sea water.

WATER AND FOOD SUPPLY

The water supply of the islands likewise furnishes a health problem. In the Fiji group there are fertile valleys where the sugar and cocoanut industries flourish. The climate is beautiful, rainfall is high and numerous streams and rivers give abundant water. The Solomons, too, possess a good water supply from streams and rivers. In New Guinea, however, rainfall is the chief source for many districts and small tanks must be erected as reservoirs for the dry season when there may even be a shortage. In the Cook Islands rainfall is likewise the only source of water and the prevalence of earthquakes makes the construction of large reservoirs impracticable.

On Samoa, surface water and springs are the main source. The American Naval station at Pago-Pago at Tutuila, which is the safest and best harbor in the South Pacific, obtains an excellent and abundant supply from the watershed at Matafoa. There are two reservoirs and the water is chlorinated. In general, however, water is seldom chlorinated and reliance is placed on obtaining it from uncontaminated sources.

The food supply for the South Sea Islands is much the same

The Islands of the Southern Pacific have emerged from the vague aura of romance and idle fancy which once enveloped them. These young men of Samoa will mould the future of their native land—as educators, doctors . . . and builders of the Church in the South Seas.

throughout: sweet potatoes, yaws and taro, a vegetable about the size of a turnip with a white interior which becomes floury on cooking and has a taste much like that of a white potato. Bananas, pineapple and the indispensable cocoanut and breadfruit are also found in abundance.

Most of the island inhabitants eat fish, fresh crabs, shell fish, eels and turtles. A small amount of pork is also obtainable. Actually, pork and tobacco are the gold and silver of the South Sea Islanders. To have them means you are rich. Since cows are few and it is difficult to obtain suitable food for them, the majority of the natives do not drink milk. On Viti Levu, the main island of the Fiji group, the cattle are tuberculin tested and there is inspection of meat, dairy products and establishments making or selling food, such as bakehouses, restaurants, etc. Such modern public health work is rarely found on the islands. However, the general health conditions on the Fijis are better than elsewhere in the South Pacific and are considered in many respects a model for the others.

TRADITIONAL KAVA DRINKING

An important custom of the South Seas, existent in Fiji, the Samoan Islands and others, is the ceremonial drinking of kava. Indeed kava is the national beverage of the Polynesians. In some ways kava drinking is a two-edged sword. It is encouraged by the governments because its elaborate preparation fulfills all convivial needs without the inebriating effects of alcohol. The traditional ritual of the kava ceremony requires the root to be scraped into a large bowl on short wooden legs. Formerly the next step was the mastication of the root by a girl possessing perfect teeth who spit the juice into the kava bowl. After adding water the master of ceremonies stirs the mixture with his hands and clears the liquid by means of a sieve fiber. The drink is then offered to the guest of honor and to the assembled guests. Its appearance has been described by Mother Mary Rose of the Marist Sisters, as "unadulterated dish water", but she hastens to add that it tastes better than it looks and is actually a very refreshing drink.

Except in remote districts the second step of masticating the kava root is no longer carried out and is of course, emphatically discouraged by health authorities. Native custom, however, requires all participants in the ceremony to drink from a common cup. This baneful practice leads to the spread of respiratory diseases to which all the South Sea Islanders are particularly susceptible.

WHITE MAN'S TRAIL

Tuberculosis is fast becoming public enemy number one in the South Seas. It is widespread, with a distribution closely paralleling the extent of contact of the natives with the white man. The Samoans call the disease "mania palam"—rotting of the lung—and among them it has a rapid and lethal course. Tuberculous peritonitis is common in the children and accounts for a high proportion of the infant mortality. Unfortunately, on most of the islands little is done towards its control. Funds are inadequate, isolation difficult and as a result entire families often become afflicted.

Respiratory diseases — measles, chickenpox, whooping cough, influenza, pneumonia and colds—all of which are imported by the white man, sometimes occur in epidemic fashion but never with the severity that marked their initial introduction into the islands. The first measles epidemic in Fiji caused the death of one-third of the population. Nevertheless these diseases still constitute a serious menace for the inhabitants and have a high mortality rate.

Malaria is absent from most of the islands. True, it is the main health problem on New Guinea, but very few of the other isles suffer from this disease.

The mosquitoes of the South Seas, although not malarial carriers, do harbor the deadly filaria larvae. Filariasis is an outstanding health problem throughout Oceania and measures to suppress the disease by mosquito control have been initiated only in very few places.

Some years ago the Samoan Government passed a law compelling cocoanut shells to be broken up, burned or piled upside down. This seems strange until we realize that the discarded cocoanut shells filled with water by the frequent tropical showers furnish ideal breeding places for the filaria-bearing mosquitoes. In the Samoan Islands it is estimated that from forty to sixty percent of the adults are infected. Often the disease progresses to its later stage—elephantiasis.

A CHALLENGING OPPORTUNITY

While it is true to say that the two chief diseases of the Islands are endemic, the penetration of the white man has left a trail of suffering and death. In justice then, the latter is bound to repair the injury. Medical help for the South Sea Islands is admittedly inadequate. There is a shortage of personnel and the difficulties and hardships awaiting those who desire to be of service to the natives are many. Aside from the Sisters who nurse the lepers at Mokogai and at Ducos there are only a few nurses of the Marist Medical Mission (There were eight in 1940) doing Catholic medical mission work. A few Protestant medical missionaries, a few private practioners employed by the plantation owners, and the staffs of the government health departments are all that stand opposed to the onslaught of sickness and death.

The islands of the South Seas, still bearing the burden of superstition and ancient taboos, offer a challenging opportunity for Catholic medical mission apostolate.

The Mission Intention

THE EDIFICATION OF PROGRESSIVE EASTERN NATIONS BY EUROPEAN CHRISTIANS

In choosing as the mission intention for this month, "the edification of progressive Eastern nations by European Christians," we may suppose that our Holy Father had in mind one of the issues at stake in the present war—namely, the economic control of Asia.

Since time immemorial, trade between Europe and Asia has been conducted mainly through three focal points—Constantinople (now Instanbul), Syria and the Red Sea. As the chief importance of Instanbul lies in its strategic position on the Black Sea, and since it no longer enjoys the part it once played in Asiatic and European rule, it is to the two points—the Syrian coastline and the Red Sea route—that the eyes of the Western powers are now turned. For the power that can control this area will control from the European side the most important gateway to Asia.

Since the Axis has been repulsed in the Middle East, the bidders for control are now the three great United Nations powers—Great Britain, the Soviet Union and the United States. In this regard the relationships between the Soviet Union and the Moslem world are of particular significance.

The Arab East is the center of Mohammedanism, which numbers over two hundred and fifty million followers. Sixty percent live under British influence. Only about fifteen percent live in the Soviet Union—a small portion indeed of the world's Moslem population.

But every devoted and scholarly Soviet Mohammedan who makes the pilgrimmage to Mecca or goes to study in the largest Islamic university, the Al-Azhar of Cairo, is also, albeit unofficially, the best and most zealous missionary for the Soviet regime among his co-religionists. Furthermore, since Mecca and Al-Azhar are the gathering ground for Moslems from all over the world, the ideas of the pilgrims and students from Russia have an excellent opportunity for attaining far-reaching consequences.

It is for this part of the world—the strategically placed countries of the Middle East—that the Holy Father asks our prayers, that they may find in European Christians the edifying example that will lead them to Christ. When we consider the influences now at work in these lands, and then look at the present condition of Europe, the task seems almost impossible.

But we know it is not, and the words of the Holy Father are filled with hope. Just as the blood of the early martyrs was the seed of Christians, so the prayers and sufferings of Catholic Europe can water the desert ground of the East and prepare it for the reception of the Word of God.

During this month, especially dedicated to Our Lady, surely we may expect that she whom Catholic Europe has always venerated with the deepest filial devotion and love, will take this cause into her care. Through her intercession the prayers, the sufferings and the example of European Christians will be an influence for the good of the Eastern nations. Let us pray to Our Lady on their behalf, that the Eastern world may come to know her Son, and that she herself may be for them the Queen who bears the moon under her feet, the crescent moon of Mohammedanism.

MARY . . . THE LIGHT OF THE MISSIONS

Every child of Eve has the right of turning to you . . . and of seeking from you that life brought by you, as Eve brought death . . . As Eve is the source of death, so you are the Gate of Life . . . And I cannot really and fully understand this devotion towards the Mother of our Saviour, unless I name her as the Light of the Missions, and that Gate of Life for all.

—Father Charles, S.J.

Precious in the Sight of the Lord . . .

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

Some time ago a man died in our hospital, and I have been filled with envy ever since. He was an Indian Jesuit lay brother—a man in the prime of life, who stepped out of a busy, useful, almost indispensable existence, straight into Heaven, I imagine, as simply as a child going home after school. He died of multiple liver abscesses, the result of a prolonged and half-treated amebic infection. For several weeks he was fully aware that the end was near. In fact, he seemed to suspect it long before we would admit even to ourselves that the case was hopeless and had put all his affairs in order before he entered the hospital. He was in charge of the mission press, a responsible and worrisome job, especially in war time. After his death his desk was found in perfect order, all bills paid up, all orders executed, acknowledged or arranged for, all books and accounts up-to-date. Long before anyone told him, he had finished the last chapter and closed the book, to be ready for eternity.

His stay in the hospital convinced us, even more than the eulogies of his confreres, that he must have been a model of unobtrusive, unswerving loyalty to his duty and his rule. He slipped into hospital life as quietly and easily as if he had been especially educated to it, accepting everything that was done to him with the same unquestioning serenity with which he had encountered the ups and downs in his business life. The only request he ever made in all the time he was sick was the wish to see his superior in order to obtain the permissions and exceptions inevitable to his illness. Even in his last days of exhaustion and delirium, it was enough to say, "Father Superior wants you to have this," for him to submit at once to the painful dressings or bitter medicines.

During the first week or ten days of his hospital stay we still hoped to control his illness by means of injections, and as he did not appear very ill, he was permitted to come to Mass if he felt like it. He made his way to chapel every morning right up to the day of his operation, in spite of the pain and weakness, which must have been much greater than we realized. He even asked to come down to the priest's room to be anointed, in order to save others the trouble of climbing the hospital stairs. After the operation, which merely disclosed the ravages of the disease, beyond the hope of surgical cure, he asked only one question: "How long will it be?" It was useless and cruel to dissemble, so the answer was, "Several days yet, Brother . . ." There was a short pause, then . . . "All right," he said. That was all.

After the operation he became increasingly restless and delirious, although he had clear spells right up to the end. One Sunday morning I offered to relieve for a few hours the sister who was specialing him. As I watched his deeply jaundiced, twitching frame, it was hard to recall the simple, charming man of a few weeks ago. Here was the break-up of all human attractiveness, yet there was nothing repulsive about it. He was as unselfish in his helplessness as he had been during his life of usefulness and efficiency. The last threads that bound him to earth were being broken one by one, without upheaval or distress, either to himself or to others. There was no strain or fear, nothing but the unconscious achievement of doing the right thing from minute to minute, as he had done it all his life.

Shortly afterwards I realized that he needed an injection to make the pain bearable. I called in one of the nurses, who happened to pass by with a baby in her arms, and I took the child while the nurse went to carry out the order. Ten-month-old Rani gazed with large black eyes on her unusual surroundings and then waved her rattle joyously. As I held her hand to stop the noise, she turned around in my lap and gave me the wide-open, happy smile of babyhood. Here was a picture to store away in one's memory—the baby, full of the joy of life, and the dying man, stirring and moaning restlessly—one at the beginning and the other at the end, yet both of them as close to God as it is possible for a human creature to be. Do you wonder that I envied both of them?

The bow whispers to the arrow as it speeds forth—"Your freedom is mine."

—Rabindranath Tagore.

The Mission Clipper

TWO-MILLION BLIND IN CHINA

While China's population of 450 million souls represents about one-fifth of all the people on earth, the proportion of Chinese blind, approximately two million, is far greater, constituting about one-third of the world's sightless.

The first real school for the blind in China was started by Andrew Murray of the Scotch Bible Society in Peking in 1876. The complexity of the Chinese language, with its 400-odd dialects, has presented serious difficulties in devising a system of Braille for general use. A little more than thirty years ago all those concerned with the education of the Chinese blind agreed upon a system of Union Braille which was acceptable in all the Mandarin speaking districts, or about two-thirds of all China. The Bible and a few other books are the only literature now printed in Union Braille.

In all China there were, prior to the outbreak of the present hostilities in 1937, fifty-five schools for the education and training of the blind. The war has reduced this number to thirty-one. These institutions teach more than thirty trades which help to make the students self-supporting.

Among the schools for the blind in China are three that are operated by Catholic missionaries. They are the Kochow Institute in Kochow; the Kukong Blind Institute in Kukong, and the Yeungkong School in Yeungkong. All are located in the province of Kwantung.

In November, 1942 a campaign for the prevention of blindness was inaugurated, with emphasis on the eradication of trachoma, which ranks second among the chief causes of the loss of sight in China. By means of newspaper publicity, wide poster and pamphlet campaigns throughout Free China on the prevention of blindness and the cure of trachoma; through examination of school children, factory workers and soldiers, cases are being discovered and treated — all as part of a sincere and ambitious program in a war torn country.

—**Fu Jen**

HOSPITAL SISTERS RETURN TO LATIN AMERICA

Eight Daughters of Charity of St. Vincent de Paul, from six countries of Central and South America, are preparing to return to their homelands after having completed almost a year in the study of hospital methods in the United States. The Sisters came to this country through the cooperation of the Coordinator on Inter-American Affairs in Washington and the Catholic Hospital Association of the United States and Canada. They spent some time in St. Louis, headquarters of the Association, and then went to various hospitals as far north as Illinois and as far west as California.

The Medical Mission Sisters join with the nation in mourning the death of the late President, Franklin D. Roosevelt.

May his soul and the souls of all the faithful departed through the mercy of God, rest in peace. Amen.

SULFAGUANIDINE EFFECTIVE IN ASIATIC CHOLERA

Sulfaguanidine may be the means for conquering "our bitter enemy," Asiatic cholera, reports Dr. Joo-Se Huang, of the Kwangsi Provincial Medical College, at Kweilin, China. Only one patient died of the twenty-two he treated with sulfaguanidine. This is a death-rate of less than five percent, whereas the death-rate from Asiatic cholera ranges from 20 to 60 percent in various clinics.

HOSPITAL REPORTS—PATNA AND RAWALPINDI

Annual reports from the Holy Family Hospitals in Patna and Rawalpindi were received last month. Both show increases in the number of patients and services performed. From Patna, Sister M. Laetitia reports:

"Four years ago we began the hospital with a dozen beds; every year we have added to the original buildings until now we have 132 beds. Our statistics for this past year I can only describe as glowing. We have been able to help so many sick people suffering from practically every disease known to man.

"Our surgeon, Sister M. Elise Wijnen, with the assistance of Dr. Dorothy Diaz, performed 688 operations last year. We treated 2,929 in-patients and 23,937 out-patients. Over 400 deliveries were conducted in the hospital. The total number of baptisms was 406. As soon as the war is over we are going to build a large modern hospital in a more open and suitable location, if we can find such a place in or near Patna."

From Rawalpindi

Sister M. Alma Lalinsky, M.D., physician-in-charge of Holy Family

Hospital in Rawalpindi, reports the following number of patients served by the hospital: in-patients, 2,484; out-patients, 34,396. The operations performed totaled 1,206. Deliveries numbered 683, and included five sets of twins. There were 456 baptisms.

ST. SEBASTIAN—PATRON IN MALABAR

In Malabar, South India, St. Sebastian is invoked against contagious diseases, as he was shot with poisoned arrows. His feast is celebrated for eleven days, from January 10th to the 21st, with Solemn High Mass, Benediction, sermons, besides fireworks and the feeding of the poor.

HEALTH ACTIVITIES IN LATIN AMERICA

"The United States intends to propose and support measures for closer cooperation among us in public health and nutrition, food supply, labor, education, science, freedom of information, transportation and economic development, including industrialization and the modernization of agriculture," according to Secretary of State, Edward R. Stettinius, Jr. before the Inter-American Conference which was held recently at Mexico City. In a report received, this statement was believed to mean that the first objective would be the extension of existing health and sanitation services such as the adequate training of personnel, public health education, corrected diets for the people and the devolpment of accurate vital statistics. The report stated that in Central America, as in other Latin American areas, the most troublesome problems of health and sanitation are encountered in rural territories. According to a recent estimate two-thirds of the villages and towns of Columbia are without hospitals. During the five year period ended with 1936 only 13.68 percent of the people who died in Mexican towns of 10,000 or less were accorded medical diagnosis.

—A.M.A Journal

PROGRESS IN MISSIONS FOR THE COLORED

Although hampered by wartime conditions, the missionary work of the Church among the Negro and Indian population of the United States is steadily progressing according to the annual report of the board of directors of the Commission for Catholic Missions Among the Colored People and the Indians. The number of Negro Catholics in this country is estimated at 330,000, an increase of approximately 17,000 over last year.

One of the gravest problems faced by the missions for Negro Catholics is the mass migration which has brought between three and four million Negroes from the South to the northern and western states, where opportunities of better wages have attracted them to industrial centers. Among them are relatively large numbers of Catholics and prospective converts from missions in rural districts.

Additional difficulties arise from the wartime restrictions on building and labor which prevent construction of new schools and churches. Nevertheless, the report points out, the number of Negro children attending Catholic schools has reached a new high, with 56,185 pupils in 261 schools. Five hundred priests, 20 more than last year, are assigned to Negro missions and parishes.

—The Interracial Review, March, 1945

WOMEN AND THE MISSIONS

There are twice as many sisters as there are priests at work in the mission fields of the world. In addition to this, the majority of the help given to the foreign missions from home comes from Catholic women.

—The Shield

News From Home and Abroad

Holland

Following the Front Lines

A recent report from our Holland house describes the war work of the Medical Missionaries. Sister M. Eleanore writes: "We have volunteered for war relief work as a group independent of, and yet in connection with the Red Cross. Two medical relief stations have been opened where we do obstetrical and general medical work. One clinic is quite near the front. The day after the clinic was opened 150 patients were treated. The village population averaged 2,000 but due to evacuation about 10,000 people were housed there just before it was liberated. The people have been living on top of each other in cellars and dugouts for weeks and even months. This is real mission work, and we have voluntered to follow the front when it moves further on."

Mary Giri

A Catholic Country

"This is truly a Catholic country", writes Sister M. Vincent from Malabar, South India. "The Catholic life here in the Malabar homes is really a living thing. Every morning and night the entire family has prayers in common. A short time after the Angelus is rung, the Church bell is tolled and all pray for the dead. Then the evening prayers are started.

This picture was taken on the day of the Reception Ceremony in Mary Giri, when four young women of Malabar received the habit of Medical Mission Sisters. His Excellency, Bishop Kalacherry (center) officiated.

Every night without fail the rhythmic chant of voices reciting the rosary, the litany and other prayers floats across the rice fields. When we first came to Southern India I inquired whether there were Mohammedans nearby, because the chant reminded me of the Moslems at prayer in the north of India.

"Our novices tell of Portiuncula and All Souls' Day when their mothers go to Mass and remain in the church all day. They go in and out, gaining indulgences for the Holy Souls.

Vocations Are Numerous

"Father Nolan, S.J. said last year at our retreat, 'India will be converted only by her native priests and nuns; the hand that rocks the cradle, rules the world —it is at his mother's knees that the child's life is moulded. Surely there must be very good Catholic mothers to produce the great number of vocations here.

"On September 7, 1944, we attended the Reception and Profession Ceremony of the Poor Clares. Sixty-nine received the habit and forty-two were professed.

"Last week a Carmelite Sister came to visit us. She said there were four boys and five girls in her family. One boy is a Jesuit missionary, four girls are in the convent, one is married and has three daughters, all religious.

"Everyone has some sign of Catholicity visible. The children, both boys and girls, have a gold chain and medal; the older people wear a modified Brown Scapular."

Forty Hours Devotion

"Forty Hours Devotion is solemnly celebrated. There are processions in which all the different confraternities and sodalities take part. The Third Order members wear their habits, the Sacred Heart Sodalists wear red capes, and the men wear badges of the various societies. During these days the confraternities hold their annual meetings for elections and other business.

"Many elephants are used in these processions. Some of the elephants belong to Hindus who send them to take part, lest some evil befall them. They perform all the tricks the Catholic owned ones do—put money into the offering box, genuflect on both knees, and salute (roar) when told to do so."

Rawalpindi

Standing Room Only

The crowded conditions at Holy Family Hospital in Rawalpindi are serious, but let Sister Stephanie reenact a typical hospital scene:

"When I came on night duty, Sister Jude said to me, 'There is not one empty bed tonight. We shall have to ask the people to bring their own charpoys'.

9:00 P.M. Gate bell rings. Mohinderkaur, an old friend of the hospital is having some pain and wonders whether she ought to remain. 'Be sure to put her in a private room', orders the husband.

9:30 P.M. The gate bell. 'What is it, nurse,—a new admission? Well, I hope you told the husband to bring a charpoy along. They live rather far away. In the meantime put her on the dispensary table.'

"Three times more the gate bell rang. Five admissions and no bed! Where did we put the patients?

"Well, three of them had their own charpoys fitted in somewhere. Mohinderaur, who surely must have a private room for this is her third baby, born at Holy Family Hospital, was put up for the night in the waiting room on the couch. Admission number five just occupied the bed in the delivery room. This shows you how badly we need our new hospital!"

Styles of Carpentry

Ingenius—might be called the new way of fixing a doolie (bedside table) when the legs are not even and the whole table is unsteady. Make a hole in the cement floor, large enough to make up for the difference in the length of the legs. Luckily Sister Nicola caught the carpenter after he had made the first hole.

Patna

"We are getting more and more known—both our hospital and our 'puja services' as the people call them", writes Sister Hedwig. "On Sunday mornings and even on week days, the relatives of the patients, who are generally Hindus, come to the Chapel during Mass. Our Lord gets a solemn salaam from most of them. They come of their own free will, with the necessary curiosity, of course. The flowers, the vestments, the candles, the singing, all these outward signs are so much like their own puja.

"There is a statue of Our Lady on the maidan (lawn) in front of the hospital and often they burn candles before it in thanksgiving or to ask for a speedy recovery. Now that candles are so scarce and expensive, they bring incense sticks or flower garlands."

Oriental Picture

"In the morning the hospital compound looks like a lively bazaar. All kinds of vehicles wait in front of the dispensary; mattresses are being made on the front steps of the cathedral; Sister Laetitia's classes are in full swing on the side steps; beds are being painted on the verandahs; tables and other pieces of furniture are in the making on the maidan; children play with the bricks and sandpiles; the relatives wash clothes and scour their barten (metal utensils); and the ambulatory patients sun themselves."

Please pray for the repose of the souls of:

Rev. Joseph T. McDermott, Philadelphia, Pa.

Rev. William L. Hayward, Upper Darby, Pa.

Mr. John Breuning, Baltimore, Md.

Mrs. Catherine A. Mossop, Philadelphia, Pa.

Pfc. John J. Enright, Philadelphia, Pa.

May their souls and the souls of the faithful departed through the mercy of God, rest in peace. Amen.

DO YOU THINK IT WORTHWHILE?

Shanti arrives at Holy Family Hospital literally dying of thirst. The explanation? Cholera, one of the ten plagues of India, has overtaken her. But drinking water can do little good. Boiled salt water, given intravenously, will have effect. As the steady stream of the life-giving fluid runs into the body of the dying woman, the look of pain is smoothed off her face, cramped legs relax, tossing ceases and in an hour or so Shanti is sound asleep.

Many injections are needed to keep the thready pulse running. The sisters—doctors and nurses—keep watch by day and night. At last Shanti is on the mend. Three days more and she is out of bed, a little shaky, but cured and anxious to return home.

There are many Shanti's in India. Your contribution towards a larger Holy Family Hospital will help us to help them.

DO YOU THINK IT WORTHWHILE?

In Honor of Our Lady

The most eloquent are dumb as fish before you, O Forth-bringer, for they cannot say how you, a maiden, were able to bring forth a son. But we, also wondering at the mystery, cry out in faith:

Hail! container of God's wisdom.
Hail! store-house of His providence.
Hail! bewilderer of the wise.
Hail! confounder of the eloquent.
Hail! for the highbrows are made foolish.
Hail! for the myth-mongers are useless.
Hail! you who tear webs spun of words.
Hail! you who fill fishermen's nets.
Hail! raiser of the ignorant.
Hail! enlightener of knowledge.
Hail! ship of salvation.
Hail! harbor for the tempest-tossed.
Hail! Maiden Bride.

(The above is taken from the Akathistos Hymn, an office sung in honor of Our Lady in churches of the Byzantine rite.)